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Staff pull together to plan for in-home physiotherapy changes

In health care, change sometimes happens very quickly.

Such was the case at the end of May when the Ministry of Health and LTC proposed changes to the way in-home physiotherapy would be funded and delivered in Ontario. Set to take effect August 1, the proposed changes were to make CCACs the single point of access for all in-home physiotherapy, and remove the ability for Designated Physiotherapy Clinics (DPCs) to bill OHIP directly for their services.

For the South West, the proposed changes meant a lot of work needed to happen. Fast.

"We quickly rallied from the surprise of what we'd heard, and started figuring out what exactly we had to do," said Megan Nichols, regional quality manager and project lead for the physiotherapy changes. "We had to put plans in place right away."

In the South West, more than 2,600 people living in almost 100 retirement homes were receiving physiotherapy from DPCs. The changes meant the CCAC needed to assess each of those patients to determine what type of physiotherapy care or exercise class they required. There was also a need to connect with the retirement homes and service provider partners to keep them apprised of the situation.

Nichols and her team used healthline.ca to obtain contact information for each retirement home. Teleconferences with the homes and CCAC service providers were quickly set up to inform them of the changes, what they meant and what needed to take place to ensure no patients went without care.

"That was always the goal," said Barb Modesto, client services manager and physiotherapy project co-lead. "As long as we kept our eyes on what the patients needed, it kept us on track."

Spreadsheets were developed to get the big picture and track which DPCs were in which retirement homes and which patients would need to be assessed.

"The amount of information we're continually tracking is immense," said Nichols.

Care coordinators quickly began visiting homes to complete one-on-one assessments. Casual staff was called in to help and as the number of required assessments continued to rise, other full-time staff members were seconded from their current roles to assist.

"This just grew and grew," said Nichols. "But I can't say enough how great the staff has been; anything we needed to get this done, people gave us."

On July 26, a judge granted an interim injunction on the proposed legislative changes until August 21 when a three-judge panel will hear the issue. Until that date, the DPCs are still the official care providers in the retirement homes, though some have chosen to pull out.

Homes have now been categorized into green, yellow and red categories to determine the status of the patient assessments remaining to be completed. Currently, there are only 10 homes categorized as red, where care coordinators have been unable to complete necessary patient assessments.

"We are in exceptionally good shape for August 21," said Nichols. "If the judges say, 'the CCAC is going to deliver

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A Message from
Sandra Coleman, CEO
South West CCAC

Job well done!

What an incredibly busy couple of months! On top of our regular workload, we have certainly had some additional challenges – funding model changes to physiotherapy, delivery model changes to physiotherapy, a subsequent injunction on those changes, and all at the height of vacation season.

I want to take this opportunity to express my enormous gratitude to those involved in this additional work for the unwavering dedication you have shown to the CCAC and our patients.

To all of our Community teams, including our children's services teams who either stepped up to provide assessments or held down the fort for those out at the RH; to our access team who handled a number of calls of inquiry and were there on the front line; to our hospital teams who were stretched thin since the majority of our casual teams were supporting physio assessments.

To the Human Resources team who worked tirelessly to recruit staff to support this work and help with scheduling, and to the educators who stepped up to provide education to the Community Care team.

To the Corporate Services team who pulled together all the technology needs for the team, and the BI team who worked to ensure we could create and run reports to monitor the progress of this work and ensure our staff and our providers were paid appropriately.

And to our Management team and Senior Leaders who supported the teams to be out in the field doing this work wherever possible.

Thank you all!

Words can't express what an absolute pleasure it has been to witness your tremendous focus and commitment to your work, to each other and to the patients of the South West CCAC. I look forward to seeing you in person at the all staff meetings August 21st and 23rd in London, Stratford and Owen Sound.

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in-home physio,' we'll be ready."

That state of readiness is thanks solely to the staff's willingness to help in any way possible, said Modesto. For some, the project has even served as a way to provide staff with a different type of workday, as well as new opportunities for learning.

"It's been great to get out to meet people and see how physiotherapy is helping them," said Jayne Gaffney, a casual care coordinator who, along with many others, was seconded full-time to the physiotherapy project. "I typically spend my days in the office, so I've loved seeing first-hand the difference the care makes for patients."

It has been a long, but rewarding couple of months, said Modesto.

"Is everyone tired? Absolutely. But the feeling we're getting from seeing this all come together is great."

Project stats, as of August 16

- 35 full-time care coordinators have spent 1,925 hours doing face-to-face assessments
- 13 casual care coordinators have spent 704 hours completing face-to-face assessments
  *an additional 876 hours were spent by office staff completing post assessment work
- 2,352 visits have been scheduled and 2,143 (91 per cent) are complete
- 1,281 of 2,143 residents assessed have been referred for Physiotherapy
- Assessments are finished in Elgin, Huron and Perth Counties
- London and Grey County assessments are projected to be complete by August 23, and Oxford County assessment complete by the last week of August
- 900 individuals in London were identified as needing to be seen
- 485 individuals in Grey County were identified as needing to be seen

Board NEWS



New members

The South West CCAC continues to attract extraordinary talent to its Board of Directors. We are pleased to welcome three new members to our Board (left to right): Tim Cronsberry, Dr. Carol McWilliam and Ferne Woolcott. Each new member brings their own unique talent and point of view to our organization and we look forward to their contributions to our governance team. Future newsletters will share more about these new CCAC leaders.

Orientation changes

A refreshed approach to orientation will soon be unveiled. The goal of the new approach is to continue providing staff with vital information, but to speed up the time between learning and knowledge application.

The objectives of the refreshed approach include ensuring:

- new employees feel confident and engaged
- preceptors feel prepared and have the tools to provide consistent, quality training, and feedback
- managers feel prepared and have the tools to provide on-the-job coaching and support

Under the new orientation, the total number of days to complete the program will be reduced from 26 to 22, manuals will be converted to an online format, a new workplace readiness assessment tool will be implemented and a regular review of orientation content will take place to ensure training is always up to date.

In developing the new approach, Human Resources staff evaluated the current orientation process, including structure, content, delivery, length, resource requirements and associated costs. They also reviewed key organizational results, including employee experience surveys, and gathered feedback from staff, preceptors and managers. They also reviewed orientation at other CCACs and partner organizations.

A variety of techniques will be utilized – including greater use of technology for self-directed learning – in order to continue to have confident employees ready to enter the workplace with the necessary skills to do their respective jobs. Changes will be phased in gradually, beginning in September. Watch for more information.

CCAC's population-based model of care helps caregiver keep promise

Caroline Seymour had seen her Mother, Sylvia, admitted and released from hospital three times in three months. Of a long list of conditions from which the elder Seymour suffered, chronic kidney failure, congestive heart failure and dementia were among the most serious.

With family far away and unable to help, Caroline was on her own as the primary caregiver for both her mother, and her father, who was also ill.

"It was stressful; it was really hard," said Seymour. "But it's one of those things where you just do what you have to do."

It was the day after Sylvia's final discharge from hospital in January 2013 that Diane Becker, complex care coordinator in Grey Bruce, first met with the Seymours.

"Sylvia had quite a complex medical history and a variety of requirements," said Diane. "I did a lot of listening and worked with both her and Caroline to develop a care plan that would meet everyone's needs."

A physiotherapist helped Sylvia maintain mobility and muscle tone; a dietician helped deal with her declining appetite and ensure a consistently healthy diet; personal support workers helped with bathing and other daily tasks.

For Caroline, occupational therapists taught her the proper way to transfer her Mother from bed to chair and, as Sylvia's health and mobility declined, they took over transfers entirely. A social worker also visited with both Sylvia and Caroline.

At first, Caroline found it awkward having others caring for her Mom. "It was hard to have people come in, after I'd been doing it all by myself," she said. "But once I got to know them, it became a whole lot easier.

Primary caregivers often have this type of reaction, said Diane. "It takes time; it's about understanding what's happening to their loved one and giving themselves permission to step away and look after themselves for a while," she said.

Though her mother benefited greatly from all the various care the CCAC provided, Caroline found she personally benefited the most from the support from the social worker.

"If I was upset, I could tell her things. I could basically cry on her shoulder. She had an objective view because she was outside the family, and that really helped."

In early June, Sylvia's care team came to the joint decision that her condition needed to be reassessed, and admitted her to hospital as part of their care plan. Sadly, Sylvia passed away the following day.

But as Caroline works through her grief, she is grateful to the CCAC for enabling her to keep her Mother at home, where she always wanted to be.

"I made a promise a long time ago that I'd never put her in a long-term care home," said Caroline. "I kept my promise."

Occupational HEALTH AND SAFETY

Safety Is Everybody's Business

The South West CCAC continues to work to support health and safety and to promote a strong culture of safety.

In 2011, we voluntarily joined Safety Group, in partnership with the Public Services Health and Safety Association (PSHSA). Safety Group is a program that provides a framework for organizations to follow as they implement new elements or build on existing elements of their respective health and safety programs.

In 2013, we've committed to completing work on the following elements: networking, joint health and safety committee, worker wellbeing, slips, trips and falls prevention and return to work care coordination. Each of the various elements will have specific criteria, including staff training, writing new policies or updating existing policies. Safety Group will provide the framework for this work and we will work in conjunction with the PSHSA to meet the criteria.

A commitment to Safety Group also requires organizations maintain elements from previous years, to ensure standards continue to be met. As such, we will continue working on elements from 2011 and 2012, including health and safety orientation, return to work program development, supervisor competency and workplace inspections, roles and responsibilities of all workplace parties, worker wellbeing, health and safety policy statement, incident investigations, safe and respectful workplace and return to work self-assessment.

In the coming months we will be working with our joint health and safety committees to finalize work on our 2013 elements. Staff will receive ongoing communication and will be asked to participate in training sessions and to review health and safety policies.

We appreciate your input and participation in our health and safety program.

Welcome New Staff

London Troy Cherry, Sarah Clark, Annette Cheeseman, Stella Rochefort, Dawn DeCarlo, Eric Keep and Jessica Riffel, CCs; Kelly Becker, Laura Orlando and April Seaward, CSAs; Russell Roth, Mental Health and Addictions Nurse; Patrick Shanahan, South West Hospice Palliative Care Lead **Perth** Stephanie Kellington and Suzanne Piper, CCs; Laurie Wyllie, Rapid Response Nurse **Grey** Josee McMahon, CC; **Oxford** Maureen Peterson and Cristina Curca, CCs

GLEN ELLIOTT

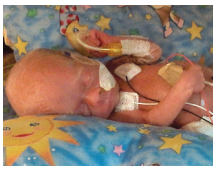
We are sad to report long-standing member of the South West CCAC Board of Directors and dear friend Glen Elliott passed away July 29 in Owen Sound. Sadly, Glen's journey with cancer ended just seven weeks after he was diagnosed.

We will remember Glen as an active and dedicated member of both the CCAC Board and his community. Never one to forget a commitment and meticulous and orderly in everything he did, Glen could always be counted on to attend to all his CCAC Board commitments with dedication and passion.

After a 40-year career at the Royal Bank, he enjoyed retirement with regular trips to the golf course and the ski hill, a sport he took up at the age of 50. A hockey goalie with a love of the game, and a member of the local curling league, Glen also sang as a member of his church choir each and every Sunday. He will be missed by all those who knew him.

A Whole Bunch of Beautiful Babies

Little Miracle



London Access Team CSA Val Van Roessel and her husband Rob are excited to introduce their "little miracle" granddaughter Piper Laurel born June 13, 2013 at 28 weeks, weighing 1lb, 1oz and 6 inches long. Just over one week later, Piper was breathing without assistance. Piper is the first child for Val's son Ryan and wife Amanda and Val's first grandchild.

Little Lucas Meet Elgin office CC Sherrie Rastel's huggable grandson Lucas. Sherrie's daughter Lisa (Lucas' mom) is the co-owner of the UCBaby franchise in London that provides 3D ultrasound pictures of the baby in utero and can also provide live broadcasting of the ultrasound session to share with loved ones around the world.

Welcome Wyatt

Nancy Tolman, Geriatric Resource Nurse in Elgin is proud to announce that her daughter Stefanie Tolman and Brian Cox welcomed their son Wyatt Joseph on June 13, 2013 in Lethbridge, AB, weighing 8lbs and 22 inches long.

VROOOOOOOM!

Kris Bannerman, client services manager in London has just returned from maternity leave. Kris and her husband Rob had their second child, Clark David, on September 9, 2012. Clark (at 9 months) joins his big brother Nash (age 2.5) on the bike.

Gramma Gillespie's

Elgin office CCC Peggy Gillespie's granddaughter Aubrey Maxine Gillespie was born on July 26, 2013 at 8lbs, 2ozs and 21 inches long to Ryan (Peggy's son) and wife Tammy.

Newest Additions to Seaforth

The Seaforth Social Committee held a summer celebration at CSA Marg Anderson's home. Michele Dalton AA-Performance Management and Accountability had Emma Sophia Dalton on May 21, 2013 weighing 7lbs, 13oz and Michelle DeWetering, Children Services CCC had Paige Adeline Fear on June 6, 2013 at 7lbs, 12oz.

Serenity House Hospice

In Aylmer on June 24, 2013 an exciting announcement was made that will bring sunshine into people's lives — the capital campaign for Serenity House Hospice (SHH) to have a residential hospice was unveiled!

Through their Resource Centre in St. Thomas, SHH provides valuable assistance to families and individuals experiencing life threatening illness, empowering them to live well and when needed, support their wish to die in their place of choice with comfort and dignity. Serenity provides the "Share the Care" program via trained volunteers to help complement care including grief and bereavement supports and has always had the goal of a residential hospice. With a goal of $300,000 SHH will open their arms for families to use their residential hospice as their home when needed. "We are so excited to be able to help our community with getting a residential house up and running. Our medical team for SHH is also excited and have started to advise about details needed for the home. In August, Serenity got a kickstart with a $50,000 donation on behalf of the International Plowing Match. A location will be announced soon." We continue to be busy as in addition to delivering our programs, SHH achieved the highest level of volunteer accreditation for Hospice Palliative Care Ontario earlier this year.